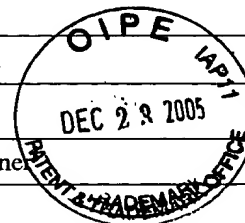


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL FOR FY 2005</h2>		Complete if Known	
		Application Number	09/834,792
		Filing Date	April 13, 2001
		First Named Inventor	Margolskee
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Sharon L. Turner
TOTAL AMOUNT OF PAYMENT	(\$905.00)	Art Unit	1647
		Attorney Docket No.	34116/1051



METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☐ Deposit Account
 Deposit Account Number: 14-1138
 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

16 - 27 or HP = 0 x 25 = 0

Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

2 - 15 or HP = 0 x 100 = 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u> - 100 = <u> </u> / 50 = <u> </u> (round up to a whole number) x <u> </u> = <u> </u>				

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: <u>RCE Filing Fee (\$395) and Filing Fee for 3-Month Extension of Time (\$510)</u>	<u>905</u>

SUBMITTED BY

Signature		Registration No. 30,727 (Attorney/Agent)	Telephone (585) 263-1304
Name (Print/Type)	Michael L. Goldman	Date	<u>December 21, 2005</u>

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on 12/21/05.

Signature: Laura L. Trost

Name: Laura L. Trost

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